

State of Montana
Transitional Duty Tracking Form

Injured Worker's Name:	Today's Date:
Job Title:	DOI:
Supervisor:	Team Coordinator:
Did the Injured Worker take a Medical Status form to the 1 st visit with the Health Care Provider? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If "no," check <input type="checkbox"/> to confirm that a Medical Status form has been completed by the Health Care Provider.	
Meeting #1	
Transitional Duty <i>Initial</i> Start Date:	Next Review Date:
Check <input type="checkbox"/> to confirm that a review has been completed today of the Transitional Duty Job Functions and current restrictions (see attached Medical Status form). Enter notes of that review in the space provided below.	
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<div style="border: 1px solid black; height: 40px;"></div>	
<div style="border: 1px solid black; height: 40px;"></div>	
Injured Worker Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	
Supervisor Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	
Team Coordinator Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	
Meeting #2	
Today's Date:	Next Review Date:
Check <input type="checkbox"/> to confirm that a review has been completed today of the Transitional Duty Job Functions and current restrictions (see attached Medical Status form). Enter notes of that review in the space provided below.	
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<div style="border: 1px solid black; height: 40px;"></div>	
<div style="border: 1px solid black; height: 40px;"></div>	
Injured Worker Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	
Supervisor Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	
Team Coordinator Feedback:	
<div style="border: 1px solid black; height: 40px;"></div>	
Signature:	

State of Montana Transitional Duty Tracking Form (continued)

Injured Worker's Name:

Meeting #3	
Today's Date:	Next Review Date:
Check <input type="checkbox"/> to confirm that a review has been completed today of the Transitional Duty Job Functions and current restrictions (see attached Medical Status form). Enter notes of that review in the space provided below.	
Injured Worker Feedback:	
Signature:	
Supervisor Feedback:	
Signature:	
Team Coordinator Feedback:	
Signature:	
Meeting #4	
Today's Date:	Next Review Date:
Check <input type="checkbox"/> to confirm that a review has been completed today of the Transitional Duty Job Functions and current restrictions (see attached Medical Status form). Enter notes of that review in the space provided below.	
Injured Worker Feedback:	
Signature:	
Supervisor Feedback:	
Signature:	
Team Coordinator Feedback:	
Signature:	
Status at the conclusion of Meeting #4 and an overview of next steps:	